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Maryland Health Benefit Exchange
Meeting of Navigator Advisory Committee

Study of Navigator Program and Consumer Assistance

October 12, 2011

Manatt Health Solutions

Discussion Roadmap

Meeting Goals and Objectives

Progress Against Work Plan

Landscape Scan

Key Informant Report and Options Development

Next Steps

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Project Purpose: *Develop options for the design and operation of Maryland's Navigator Program pursuant to the Maryland Health Benefit Exchange Act of 2011.*
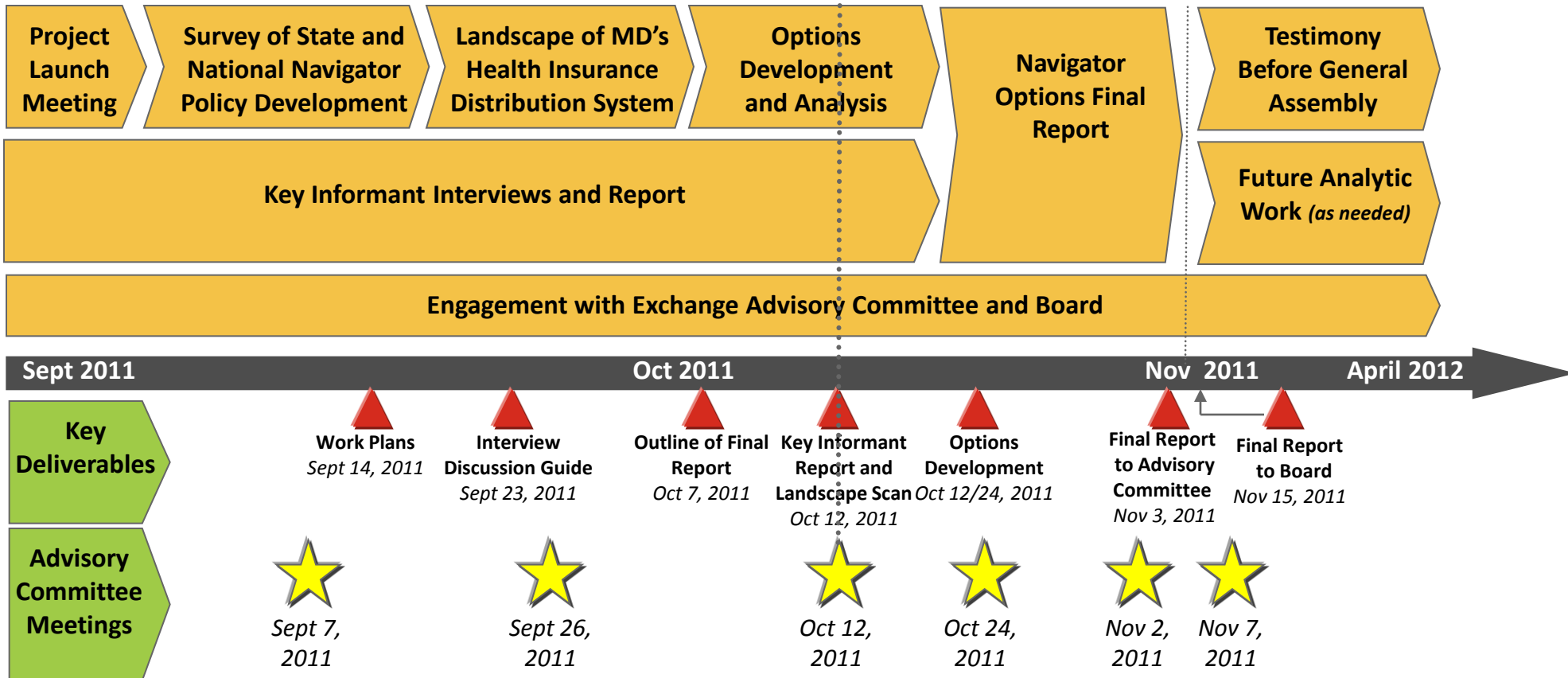
Goals for Today's Meeting

- Overview of work done to date and an update of the plan moving forward

- Share and discuss landscape findings of MD's private sector distribution system

- Validate key informant findings on the role and design of Maryland's Navigator Program and discuss options
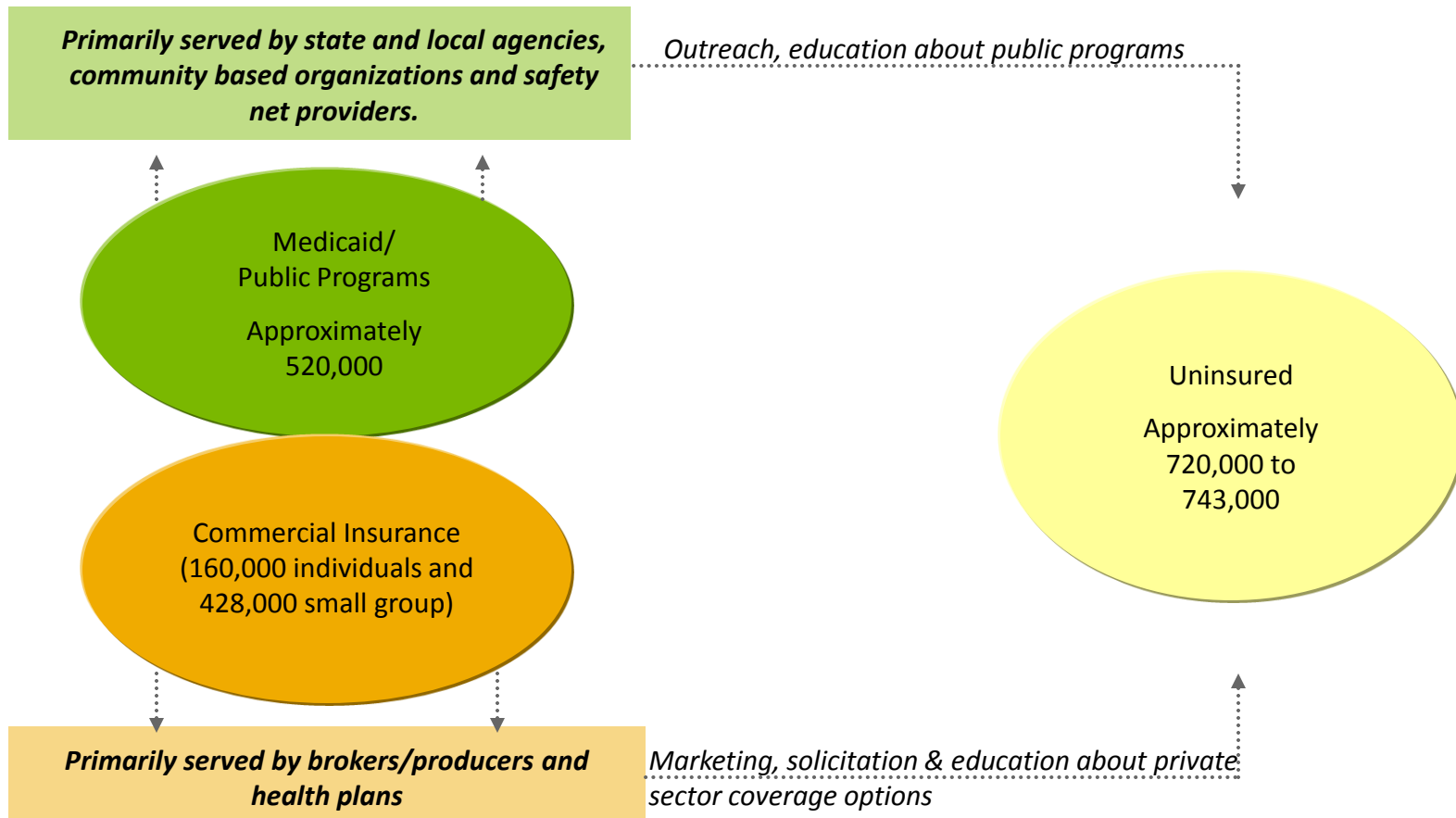
Progress Against Work Plan

Project Launch Meeting	Survey of State and National Navigator Policy Development	Landscape of MD's Health Insurance Distribution System	Options Development and Analysis	Navigator Options Final Report	Testimony Before General Assembly

Key Informant Interviews and Report

Future Analytic Work *(as needed)*

Engagement with Exchange Advisory Committee and Board

Sept 2011 .... **Oct 2011** .... **Nov 2011** .... **April 2012**

Key Deliverables

Work Plans *Sept 14, 2011*	Interview Discussion Guide *Sept 23, 2011*	Outline of Final Report *Oct 7, 2011*	Key Informant Report and Landscape Scan *Oct 12, 2011*	Options Development *Oct 12/24, 2011*	Final Report to Advisory Committee *Nov 3, 2011*	Final Report to Board *Nov 15, 2011*

Advisory Committee Meetings

Sept 7, 2011	*Sept 26, 2011*	*Oct 12, 2011*	*Oct 24, 2011*	*Nov 2, 2011*	*Nov 7, 2011*

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Update on Key Project Deliverables

Deliverable	Date(s)	Status
Advisory Committee Meeting: Introduce Team, Review of Work Plan, Obtain Input on Interview Candidates • **Meeting agenda and supporting materials**	Sept 7, 2011	Complete
Project Work Plan, including Key Informant Interview Plan	Sept 14, 2011	Complete
Interview Discussion Guides	Sept 23, 2011	Complete
Advisory Committee Meeting: Share Demographics and Obtain Input on Discussion Guides • **Meeting agenda and supporting materials**	Sept 26, 2011	Complete
Outline of Final Report	Oct 7, 2011	Submitted
Advisory Committee Meeting: Present Key Informant Interview Report, Landscape Scan and Discuss Initial Options Development • **Meeting agenda and supporting materials**	Oct 12, 2011	In Process
Advisory Committee Meeting: Present Options and Solicit Advisory Input • **Meeting agenda and supporting materials**	Oct 24, 2011	To Be Completed
Advisory Committee Meeting: TBD	Nov 2, 2011	TBD
Final Report (draft to the Advisory Committee)	Nov 3, 2011	To Be Completed
Advisory Committee Meeting: Review of Final Report • **Meeting agenda and supporting materials**	Nov 7, 2011	To Be Completed
Final Report (to Board)	Nov 15, 2011	To Be Completed

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Landscape Scan - Current Non-Elderly Marketplace

Primarily served by state and local agencies, community based organizations and safety net providers.

Outreach, education about public programs

Medicaid/
Public Programs

Approximately
520,000

Uninsured

Approximately
720,000 to
743,000

Commercial Insurance
(160,000 individuals and
428,000 small group)

Primarily served by brokers/producers and health plans

Marketing, solicitation & education about private sector coverage options

Source: Medicaid & Uninsured Enrollment: Maryland Health Care Commission, *"Health Insurance Coverage in Maryland Through 2009."* Maryland Health Care Commission. January 2011; DHMH Press Release on September 20, 2011; Commercial and Individual Insurance Numbers: Gruber, Jonathon and Carey, Robert, *"A Health Insurance Exchange for Maryland"* Comparing Massachusetts and Maryland, 2010; slide does not address Medicare, Military Health programs and the large group market.
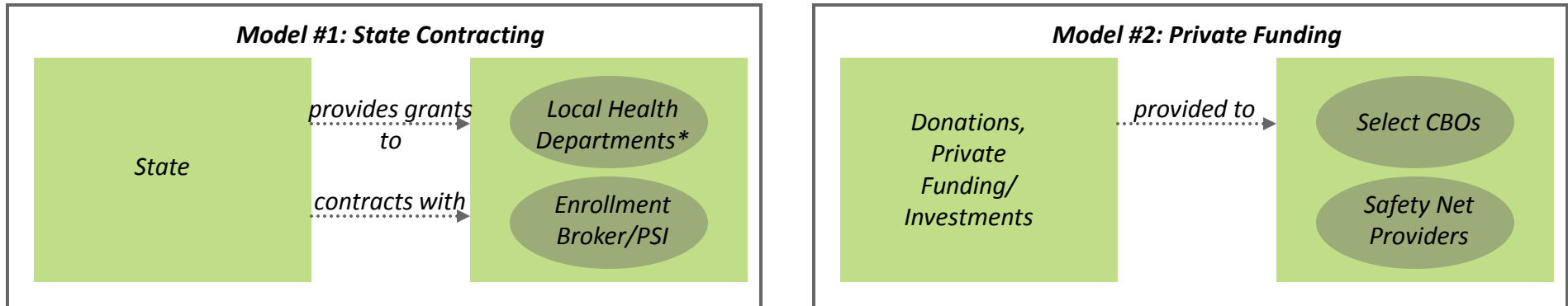
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Regular Re-determination

Outreach	**Application Assistance& Eligibility Determination**	**Plan Enrollment**	**Post-Enrollment Support**

Who Performs Primary Service

CBOs	Local Depts. of Social Services	Enrollment Broker/PSI	Medicaid Health Plans
Safety Net Providers	Local Health Depts.		CBOs
Enrollment Broker/PSI	CBOs	DHMH	Medicaid Hotlines
	Safety Net Providers		

What They Do

Outreach	**Application Assistance & Eligibility Determination**	**Plan Enrollment**	**Post-Enrollment Support**
• Target vulnerable populations (e.g. homeless, linguistic minority, mental health etc)	• Work with individuals and with to complete application and collect documentation, such as:	• Enrollment broker receives a nightly file of individuals who are enrolled	• Medicaid Health Plans administer benefits and provide follow up on benefits/other issues (e.g. network providers) as they arrive)
• Participate in public fairs/public venues	▪ Verification of identify (e.g. license, passport, corroborating documents)	• Broker matches enrollees with the plan they selected	• CBOs often step in and try to resolve issues, when brought to their attention
• Assist at the point of medical service	▪ Verification of citizenship (e.g. birth certificate, passport, adoption decree, School records)	• Broker performs outreach to individuals who did not select a plan to have them make a selection	• Medicaid Customer Service Support (e.g., hotlines)
• Personalized assistance, if needed	▪ Social Security Number for each individual applying (or proof showing that SSN was applied for)	• Individuals who did not select a plan are auto-assigned to an Medicaid Health Plan, by DHMH	
• Often more than health insurance (TCA, housing)	▪ Income Verification/ Expenses Itemization		
	• DHR or DHMH perform final determination		

Distribution

Outreach	**Application Assistance & Eligibility Determination**	**Plan Enrollment**	**Post-Enrollment Support**
▪ Clustered in urban/high priority areas, although some statewide efforts occur	▪ One or more access points in each county; current processing time 30 days from completed application and longer for disability determinations.	▪ All enrollments centrally processed within 30 days	▪ N/A

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Model #1: State Contracting

State — *provides grants to* → Local Health Departments*

State — *contracts with* → Enrollment Broker/PSI

Model #2: Private Funding

Donations, Private Funding/ Investments — *provided to* → Select CBOs

Donations, Private Funding/ Investments — *provided to* → Safety Net Providers

Business model supported by government and charitable funds

- **Generally, Maryland performs many functions in house, with salaried employees**

  - **Services paid for by the state are done through a procurement process and grants are awarded.**

  - **Funding for such services has been reduced in recent years due to state budget cuts.**

- **Community Based Organizations and safety net organizations supplement these efforts with private funds:**

  - **Private foundation grants and donations**

  - **Depend on salaried employees to assist individuals and volunteer recruitment**

Note: *Includes Baltimore Health Care Access, who operates as the eligibility arm for the Baltimore City Health Dept.

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Annual Enrollment Process

	Marketing/ Solicitation	Understand Needs & Request Bids	Options Analysis & Plan Selection	Enrollment	Post-Enrollment Support
Who Performs Primary Service	Broker Health Plan	Broker Health Plan	Broker Health Plan	Broker Health Plan	Broker Health Plan

What They Do

- Operate marketing programs that target individuals able to purchase; (e.g.-individuals not eligible for group coverage)
- Brokers specialize by segment (industry, language, culture, etc.)
- Participate in community events, town hall meetings, and use regular advertising mechanisms
- Offer more than just health (Dental, Life, ST/LT Disability, etc..)

- Understand needs of individual
- Explain varying types of coverage options/products:
  - High deductible plans
  - Co-payments
  - Individual limits
  - Out of pocket maximums
  - FSA/HSA options
- Understand price sensitivity; refer to public programs, if appropriate
- Request bid from carriers (or generate bid, if direct)

- Explain different benefit options including:
  - Coverage levels for different types care (hospital, outpatient, etc)
  - In/out of network benefits
  - Preventive care
  - Any exclusions (if applicable)
  - Actual costs and anticipated cost-sharing under each plan
- Work with individual to help them make a plan selection

- Enrollment into plan selected processed by health plan

- Health plans administer benefits and provide call center support on other issues (e.g. network provider not accepting coverage) as they arise
- Brokers offer support to resolve range of problems (beyond enrollment issues)

Distribution

- Roughly 50% of the market is placed directly with carriers, with the rest placed through brokers/intermediaries or purchased through the web (Carey and Gruber, "A Health Insurance Exchange for Maryland?" 2010)

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Landscape Scan - Small Group Commercial Process

Annual Enrollment Process

	Marketing/ Solicitation	Understand Needs & Request Bids	Options Analysis & Employer Plan Selection	Open Enrollment/ Employee Selection	Post-Enrollment Support
Who Performs Primary Service	Broker / Health Plan	Broker	Broker	Broker	Broker / Health Plan

What They Do

Marketing/Solicitation
- Brokers solicit through community events, referrals; re-sale based heavily on relationships
- Brokers specialize by segment (industry, language, culture, etc.)
- Health Plans use regular advertising /marketing channels to raise awareness of brand/products
- Offer more than just health (Dental, Life, ST/LT Disability, etc..)

Understand Needs & Request Bids
- Understand unique needs of small business including:
  - Current cash flow/profitability
  - Number of employees/dependents
- Assess employer preferences across various design options:
  - High deductible plans
  - Co-payments
  - Individual limits
  - Out of pocket maximums
  - FSA/HSA options
- Understand price sensitivity
- Request multiple bids

Options Analysis & Employer Plan Selection
- Explain different benefit options including:
  - Coverage levels for different types care (hospital, outpatient, etc)
  - In/out of network benefits
  - Preventive care
  - Any exclusions (if applicable)
  - Actual costs and anticipated cost-sharing under each plan
- Work to adjust bids based on employer preferences
- Select plan(s)
- Assess cost-sharing levels/ address tax implications

Open Enrollment/Employee Selection
- Develop customized materials for employer explaining plan options
- Host on-site at employer location to answer questions, work one on one with employers through plan selection
- Enrollment into plan selected processed quickly by health plan

Post-Enrollment Support
- Brokers offer support to employers and individuals to resolve range of problems (such as COBRA, Section 125 questions, benefit issues, etc); often has a 1-800 line
- Health plans administer benefits and provide call center support on issues (e.g. network provider not accepting coverage) as they arise

Distribution
- 90% or more of small group employers utilize the services of a broker (Carey and Gruber, "A Health Insurance Exchange for Maryland?" 2010)

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Private Insurance Compensation Model

| Employer or Individual | → pays the premium (Option 1) → | Health Insurer | → pays the commission → ← pays the premium (Option 2) ← | Broker |

pays the premium (Option 2)

The private sector business model based on sales

- **Individuals/small business pay the premium for the coverage**
    - **Premium can either be paid to insurer or broker**
- **Commissions paid on a:**
    - **Per Contract Per Month fee (more common)**
    - **% of premium**
- **General compensation averages between 1.5 and 5% of the cost of the monthly premium**

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Non exchange market will continue to be primarily serviced by different state entities, CBOs and safety net providers.

Role TBD

Outreach, education about public programs

Medicaid/ Public Programs

Approximately 520,000

Exchange

219,000 Newly Eligible

Commercial Insurance

• TBD; likely that individuals eligible for subsidized coverage will go into the exchange

405,000 Individuals, Small Business TBD

Exchange market to be served by Navigators, who must at a minimum:

•*Perform outreach and education*

•*Distribute fair and impartial information*

•*Facilitate enrollment*

•*Refer to Consumer Agencies*

•*Provide information in an appropriate manner*

Uninsured

360,000 Individuals Remaining Uninsured

Marketing/ Solicitation & Education about private sector coverage

Non exchange market to continue to be primarily serviced by brokers/producers and health plans .

Role TBD

Source: Medicaid & Uninsured Enrollment: Maryland Health Care Commission, *"Health Insurance Coverage in Maryland Through 2009."* Maryland Health Care Commission. January 2011; DHMH Press Release on September 20, 2011; Commercial and Individual Insurance Numbers: Gruber, Jonathon and Carey, Robert, *"A Health Insurance Exchange for Maryland"* Comparing Massachusetts and Maryland, 2010; M. Buettgens, J. Holahan, C. Carroll, "Health Reform Across the States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid," prepared for the Robert Wood Johnson Foundation State Coverage Initiatives by the Urban Institute, March 2011, available at *http://www.rwjf.org/files/research/71952.pdf*

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Key Informant Report and Options Development

Over the next two Advisory Committee meetings, we will discuss the options raised by stakeholders through in-person discussion and public comment.

October 12:

SHOP Exchange

    Points of Consensus

Individual Exchange

    Navigator Functions

    Training

    Certification/Licensure

    Oversight and Enforcement

    Compensation

October 24

    SHOP Exchange

    Overall design of the Navigator Program

        - Overview of program models

        - How the options from the October 12 discussion fit to each model

        - Conflicts of Interest

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Discussion Ground Rules:

- This Advisory Committee's task is to provide the Exchange Board with options, <u>not recommendations</u>.

  – Report will highlight which options have the most consensus and support.

- Not all options are mutually exclusive.

- Focus today on the Navigator functions: WHAT should the Navigator do?

  – Next meeting will focus on WHO should do it.

- Strive to first identify points of consensus – and spend the bulk of the time developing the range of options where we do not have consensus.

- Recognize that Navigators will not function in a world of unlimited resources.

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- **ACA requirements of Navigators are a minimum.**

- **The Navigator program should be built upon or enhance the existing infrastructure and leverage existing relationships.**

- **The Navigator program should serve both Medicaid and Qualified Health Plans.**

- **IT support is critical to ensuring timely eligibility determination and enrollment as well as seamless transitions.**

- **Navigators must receive training, which at a minimum must ensure knowledge of the Exchange.**

- **There must be mechanisms in place to provide quality assurance and accountability (e.g., certification process).**

- **Oversight and enforcement is important, but the lack of details on the function on the Navigator and the IT infrastructure makes getting to the next level difficult.**

- **Navigators must be paid for their services in a way that ensures the success of the exchange.**

- **There are separate design considerations between individual and small group.**

Navigator- Small Group Market/SHOP Exchange Consensus

We found the most consensus among stakeholders around servicing the small group market.

Observations Across Stakeholders

- **Brokers are currently, almost exclusively, serving the small group market.**

- **The existing infrastructure serving the small group market has high saturation.**

- **The relationship between brokers and small businesses in the small group market should not be disrupted.**

- **The Exchange website will be an important source of information for small businesses but is unlikely to meet all of the small business needs.**

- **Small businesses are very price sensitive; businesses are not willing to pay more overall for health insurance.**

CONSENSUS:

Servicing small groups requires an understanding of the individual business' needs, is often relationship-based and is often paired with other products (e.g. life/health) and services (e.g. outsourced HR-related functions).

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Observations Across Stakeholders

- **Education will be one of the most critical functions of the Navigator. However, different stakeholders identified different education needs - from basic health literacy to understanding of coverage options.**

- **Personal assistance (as compared to information on a website or in written materials) is critical for enrolling target populations.**

- **Navigators should have some post-enrollment support function, although the scope of that function varies across stakeholders**

> *CONSENSUS:*
>
> *ACA requirements of Navigators are a minimum.*
>
> *The Navigator program should be built upon or enhance the existing infrastructure and leverage existing relationships.*
>
> *The Navigator program should serve both Medicaid and Qualified Health Plans.*
>
> *IT support is critical to ensuring timely eligibility determination and enrollment as well as seamless transitions.*

Navigator Functions - Individual Exchange

Based on stakeholders feedback to date, the following options have most commonly emerged for the function of the Navigator.

	Enrollment/ Eligibility Support	Outreach and Education	Customer Support	Care Coordination and Access
Description	• Helps individuals and small employers complete application and obtain eligibility paperwork, assesses choice of products and plans, and follows through to ensure enrollment in Medicaid and QHPs.	• Provides outreach and education to targeted individuals in their communities. Focuses on program eligibility and benefits and how to enroll in coverage.	• Provides customer service support post-enrollment, including counseling on plan benefits, trouble-shooting when problems arise, and providing assistance with connecting to outside services and supports beyond health insurance enrollment and coverage.	• Helps consumers use health care coverage and access care. Helps consumer maneuver in a logical way through the health care system.
Stakeholder Preferences	• Nearly every stakeholder group recommended enhanced eligibility and enrollment processes to help ensure that as many eligible people are enrolled as possible.	• Enhanced outreach and education was raised as a priority service in every stakeholder group. • Stakeholders did not define outreach and education in the same ways.	• Nearly every stakeholder group – with the exception of insurers – agreed that customer support could be an important function of the Navigator Program.	• Providers and several MD DHMH employees advocated for an expanded role for the Navigator to help consumers understand their coverage and connect with providers.

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Pros/Cons of Navigator Functions – Individual Exchange

The functions of the Navigator will inform many other aspects of the Navigator program. What are the pros and cons associated with various options?		
Option	**Pros**	**Cons**
Enhanced Enrollment/Eligibility Support	• Stakeholders indicated there are shortfalls in the current public programs eligibility/enrollment system and not all eligible individuals are enrolled. The Navigator program could help fill in the cracks and extend to private insurance. • ?	• The necessary support systems (e.g., IT systems) are not fully functional or in place. • Risk that "patch work" solution will not resolve alignment issues and at worst create new opportunities for individuals to get lost in the system. • ?
Prioritizing Outreach and Education	• Many people will be enrolled in health insurance for the first time and need help understanding how their coverage works. • Personalized outreach and education can help people understand all options. • ?	• Not all stakeholders define "education" the same way. • It may be challenging to identify when education ends and advising begins, particularly for QHPs. • ?
Broader Customer Support	• Could provide uniformity in services available inside and outside the Exchange. • Individuals may be more apt to stay with coverage if they have easy ways to resolve issues as they arise. • ?	• May be time and resource intensive to perform across all populations. • ?
Care Coordination and Access	• Helps connect consumer to care, not just insurance. • Some existing resources exist, including Medicaid and provider-based case managers. • Aligns with health care trend of accountable care/primary care medical homes – capacity may already be developing. • May help save the overall system costs in the long run through better managed care. • ?	• Very time and resource intensive. • Will require advanced training. • May require clinical knowledge. • ?

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Observations Across Stakeholders

- **Navigators should be trained to assist consumers with both Medicaid and QHP options.**

- **Training should go beyond the insurance options and include modules in working with target populations.**

- **It may not be possible for one person to be expert in all competencies.**

CONSENSUS: Navigators need training, which at a minimum must ensure knowledge of the Exchange.

Navigator Training

Based on feedback with all stakeholders to date, the following options have most commonly emerged for training requirements for Navigators.

Provide basic training in the Exchange as well as health literacy and cultural competency to all Navigators.	Provide enhanced specialized training to subsets of Navigators.	Provide comprehensive, enhanced training to all Navigators.
Description		
• Navigators would be required to take basic training that would enable them to speak about the Exchange – how it works and what it offers – in a culturally competent manner.	• Establish competencies required across the Navigator Program to address the needs of the target populations. Areas of specialization may be based on population (e.g., linguistic) and/or subject matter (QHPs). Individual Navigators would not be required to be proficient in all areas.	• The Exchange would take existing modules from both broker and Medicaid eligibility worker training and supplement them with additional training on the Exchange and cultural competency. • All Navigators would be required to complete the full compliment of training. This was referred to in one stakeholder group as a "Super Navigator."
Stakeholder Preferences		
• Consumer representatives stressed the importance of cultural competency in order to be able to establish trust with target populations.	• There was not consensus either overall or within many stakeholder groups with respect to how much training individual Navigators should undergo. However, more stakeholders than not thought it was more feasible to have some Navigators specialize in particular areas.	• Brokers in particular stressed the importance of structured, frequent educational and testing requirements. • Other stakeholders expressed concern that enough people could adequately be trained on all of the material.

Pros/Cons of Navigator Training Options

	All stakeholders agreed that Navigators will need training. However, the suggested amount and scope of training varied. What are the pros and cons associated with various options?	
Option	**Pros**	**Cons**
Provide basic training in the Exchange as well as health literacy and cultural competency to all Navigators.	• Some of this training is already available through CBOs. • ?	• This level of training may not be sufficient to address all of the issues consumers will have. • ?
Provide certain subsets of Navigators with specialized training.	• Enables Navigator entities to be flexible in staffing and staff training to cover all competencies. • ?	• Hand-offs between different subject matter experts will be needed – protections will need to be established to minimize risk of failings in the system. • ?
Provide comprehensive, enhanced training to all Navigators.	• Much of the training has already been developed – through DHMH, CBOs, insurers and MIA. • Individual Navigators will be trained to support consumers in all aspects of the Exchange and broader health care coverage system. • ?	• Is may not be reasonable for one person or organization to be fully trained in all areas. • Training could be time consuming and costly to administer/test. • ?

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Observations Across Stakeholders

- **There should be some level of certification to establish trust in Navigators.**

- **The Navigator Program may look to established mechanisms to certify consumer assistants – e.g., grant/contract requirements and insurance producer licensure.**

- **The stricter the requirements around licensure, the less people can provide Navigator services.**

CONSENSUS: There must be mechanisms in place to provide quality assurance and accountability.

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Navigator Certification/Licensure

Based on feedback with all stakeholders to date, the following options have most commonly emerged for certification and/or licensure of Navigators.

	Contractual requirements to establish criteria and performance benchmarks	Entity certification/licensure with individual Navigator training requirements*	Full licensure through the MIA	Enhanced Licensure
Description	• The Exchange would develop eligibility criteria and performance requirements as part of contracts. The Exchange would use contracting oversight and enforcement (e.g., corrective action plans, financial penalties, and/or termination of contract for failure to perform).	• The Exchange would establish eligibility criteria and certify entities that meet these criteria. Individual staff would fall under the entity's license or certification. Role of individual in selling commercial insurance TBD. • The entity would be required to provide a certain amount and type of training to employees.	• MIA would license individual Navigators through a the application process for brokers. • Training and successful knowledge assessment would be required.	• MIA would license individual Navigators through an application process similar to that currently in place for brokers. However, a new process would require enhanced training and more frequent testing.
Stakeholder Preferences	• This option was discussed primarily by consumer representatives and Medicaid plans who have experience with state contracts for similar services. • MIA has initially stated that licensure may be required to advise on plan options and perform enrollment in commercial plans.	• No group reached consensus on this option, however, it was discussed in several stakeholder groups, primarily consumers. • The MIA identified this type of licensure as an option.	• Brokers in particular suggested that full licensure would best protect consumers' interests. • MIA indicated that full licensure may be required by state law depending on the services provided (Statutory reference is below).	• Some brokers indicated that more rigorous training and certification process was warranted given the complexities associated with both private and public coverage.

For definition of "Insurance Producer" see Md. INSURANCE Code Ann. § 1-101. Definitions.

* Limited licensure not yet available for Navigator program and would need to be explored more with the MIA

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Pros/Cons of Navigator Certification/Licensure Options

All stakeholders agreed that there must be a way to certify that Navigators have the proper credentials; however, there was not consensus on how to accomplish this. What are the pros and cons associated with the various options?

Option	Pros	Cons
Contractual requirements to establish criteria and performance benchmarks	• Contracting mechanisms are flexible and more easily be modified as the program moves into operations. • Benchmarks and targets can be set and align with payment and/or other incentives. • Allows Navigators to be nimble and use a variety of staff as needed. • ?	• Initially appears to **not** meet state insurance requirements for certain services (e.g., advising on plan selection); thereby limiting impact • Contractual requirements may not be enough to hold individuals accountable or monitor individual performance. • ?
Entity certification/licensure with individual Navigator training requirements	• The market has experience with these "limited licenses." • Certified/licensed entities can be held to strict standards with the flexibility to use staff as deemed necessary to meet requirements. • ?	• May not meet state insurance requirements for certain services (e.g., advising on plan selection). • Would need to define what constitutes an entity and who could apply. • ?
Full licensure through the MIA	• May provide mechanism for consumers confidence in Navigators. • Provides enhanced oversight and enforcement capability. • ?	• May be cost/time prohibitive to certain organizations (e.g. CBOs), thus minimizing their ability to be successful Navigators and to scale operations by 1/1/2014. • ?
Enhanced Licensure	• Extra training and requirements across both public and private programs could provide "1 stop shopping" for individuals and mitigate the need for hand-offs. • ?	• Establishes extensive requirements for all Navigators and may not allow for the Navigator Program to cover the needs of target populations through a combination of resources. • ?

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Observations Across Stakeholders

- **Oversight and enforcement is highly dependent on the Navigator Program model and functions decided upon.**

- **Oversight and enforcement is also highly dependent on the IT systems deployed to assist Navigators; IT system should be able to track performance metrics.**

- **Primary oversight and enforcement of individual Navigators and the Navigator Program should be by the MD Health Benefit Exchange (rather than other entities).**

> *CONSENSUS: Oversight and enforcement is important, but the lack of details on the function on the Navigator and the IT infrastructure makes getting to the next level difficult.*

Based on feedback with all stakeholders to date, the following ideas have most commonly emerged as potential mechanisms for oversight of Navigators.

	Customer survey and performance data collection and analysis	Contractual requirements enforced by Exchange	Oversight and enforcement linked to MIA licensure
Description	• The website and hotlines have built in customer surveys to collect satisfaction information on individual Navigators as well as overall program performance.	• Exchange establishes and monitors performance through contracts signed with individual Navigators or Navigator entities. Contractual requirements "flow down" to any individual/entity acting on behalf of a Navigator entity.	• MIA issues licenses and monitors compliance through established complaints mechanisms. MIA can revoke licenses and/or require retribution to injured parties.
Stakeholder Preferences	• Consumer representatives in particular highlighted the importance of having regular mechanisms for obtaining consumer feedback.	• While there wasn't consensus within either group, this option was raised during discussions with both the consumer representatives and the Medicaid health plans.	• This option was raised by several stakeholder groups. Only the broker representatives found consensus on preferring this option.

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Pros/Cons of Navigator Oversight and Enforcement Ideas

Oversight and enforcement creates accountability in the system, which all stakeholders agreed was important. What are the pros and cons associated with various ideas presented? Are their other ideas?		
Option	**Pros**	**Cons**
Customer survey and performance data collection and analysis	• Allows for frequent review of performance from the consumer's perspective. • Can me measured over time. • Can quickly flag emerging problems. • ?	• Will not be sufficiently robust to monitor overall Navigator and program performance. • ?
Contractual requirements enforced by Exchange	• Exchange can establish oversight and enforcement through contracting requirements. • Can motivate high performance through payments tied to benchmarks. • ?	• Certain Navigators may be subject to oversight by two entities (e.g., brokers serving as Navigators may be subject to oversight by both the Exchange and MIA) • ?
Oversight and enforcement linked to MIA licensure	• Leverages an existing, and trusted, process for oversight. • ?	• MIA and the Exchange will have to closely coordinate roles and responsibilities. • Could be confusing to consumers who may not know who to contact • ?
Other?	• ?	• ?

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Observations Across Stakeholders

- Compensation must be structured to minimize the risk of steering away from the exchange.

- Compensation must be designed to avoid increased costs to consumers/small businesses.

- While insurers cannot directly compensate Navigators, they can pay into the Exchange to help fund Navigator compensation.

- Private market and public funding will continue to exist in parallel with Navigators.

CONSENSUS: Navigators must be paid for their services in a way that ensures the success of the exchange.

Navigator Compensation

Based on feedback with all stakeholders to date, the following options have most commonly emerged for compensation of Navigators.

	Exchange provides grants and/or contracts for a defined set of functions or minimum number of enrollees.	Exchange pays a per contract or (per person) per month fee to Navigators.	Exchange directly employs salaried Navigators.
Description	• Entities serving as Navigators will be competitively selected through an RFP or FOA process. More than one entity can be selected.	• The Exchange will distribute commission fees to Navigators for each person or family they enroll.	• The Exchange retains and employs Navigators directly.
Stakeholder Preferences	• Consumer representatives suggested that this mechanism provides flexibility and accountability. • Brokers noted that it is likely that this payment structure could not compete with compensation for external products. Therefore, brokers would be motivated to recommend non-Exchange plans.	• Brokers in particular noted that this option most closely aligns with the private market and would ensure that brokers gave equal consideration to Exchange and non-Exchange products when advising clients. • Consumer representatives and the Medicaid health plans raised concerns that this option may motivate steering among QHPs.	• This option was raised by the MIA which noted that this arrangement would allow the Exchange to directly manage oversight and may obviate the need for formal licensure. • No other stakeholder group mentioned this as a preference, opting instead to build on existing infrastructure.

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Pros/Cons of Navigator Compensation Options

All stakeholders agreed that Navigators must be compensated. However, there was not consensus on how to structure compensation. What are the pros and cons associated with various options?		
Option	**Pros**	**Cons**
Exchange provides grants for a defined set of functions or minimum number of enrollees.	• Both the state and several potential Navigator organizations are familiar with this mechanism. • Payments could cover a range of services and be tied to a specific number of enrollments. • ?	• This compensation model may not be attractive to brokers. • This compensation model may not motivate maximum number of enrollments. • ?
Exchange pays a per contract per month fee to Navigators.	• Mirrors private market and may encourage broker participation. • ?	• Risk for steering into particular plans. • ?
Exchange directly employs salaried Navigators.	• Avoids need for MIA licensure. • ?	• This may be more costly than other options. • Unclear how many Navigators will be needed year round and after several years of implementation. • ?

manatt

- **Finalize Key Informant Input**

  - Additional Interviews

  - Public Comments

- **Finalize Options for Consideration (October 24)**

  - Incorporate feedback from today's meeting

  - October 24th meeting will address:

    - SHOP Exchange

    - Overall design of the Navigator Program

      - » Overview of program models

      - » How the options from the October 12 discussion fit to each model

      - » Conflicts of Interest

- **Develop Final Report**